

91546174

FORM 6-72

CLAIMS

BEFORE		AFTER		AFTER	
BY ADDITIONAL CLAIMS		BY ADDITIONAL CLAIMS		BY ADDITIONAL CLAIMS	
NO.	DATE	NO.	DATE	NO.	DATE
1		51		101	
2		52		102	
3		53		103	
4		54		104	
5		55		105	
6		56		106	
7		57		107	
8		58		108	
9		59		109	
10		60		110	
11		61		111	
12		62		112	
13		63		113	
14		64		114	
15		65		115	
16		66		116	
17		67		117	
18		68		118	
19		69		119	
20		70		120	
21		71		121	
22		72		122	
23		73		123	
24		74		124	
25		75		125	
26		76		126	
27		77		127	
28		78		128	
29		79		129	
30		80		130	
31		81		131	
32		82		132	
33		83		133	
34		84		134	
35		85		135	
36		86		136	
37		87		137	
38		88		138	
39		89		139	
40		90		140	
41		91		141	
42		92		142	
43		93		143	
44		94		144	
45		95		145	
46		96		146	
47		97		147	
48		98		148	
49		99		149	
50		100		150	
TOTAL	3	TOTAL	3	TOTAL	3
NO.	41	NO.	43	NO.	41
DATE	4/1	DATE	4/6	DATE	4/1

BEST AVAILABLE COPY

1

II

CLAIMS ONLY

Application Number

97546174

Filing Date

Applicant(s)

* May be used for additional claims or amendments

CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT		* May be used for additional claims or amendments		* May be used for additional claims or amendments		* May be used for additional claims or amendments	
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend
101							51					
102							52					
103							53					
104							54					
105							55					
106							56					
107							57					
108							58					
109							59					
110							60					
111							61					
112							62					
113							63					
114							64					
115							65					
116							66					
117							67					
118							68					
119							69					
120							70					
121							71					
122							72					
123							73					
124							74					
125							75					
126							76					
127							77					
128							78					
129							79					
130							80					
131							81					
132							82					
133							83					
134							84					
135							85					
136							86					
137							87					
138							88					
139							89					
140							90					
141							91					
142							92					
143							93					
144							94					
145							95					
146							96					
147							97					
148							98					
149							99					
150							200					
Total Indep					2		Total Indep					
Total Depend					44		Total Depend					
Total Claims					46		Total Claims					

BEST AVAILABLE COPY